



Please type a plus sign (+) inside this box →

Approved for use through 09/30/00. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. PTO

10/04/15

01/14/02

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. KAY-0201

First Inventor Toru SHIBUSAWA

Title DIGITAL BROADCASTING RECEIVER AND CHANNEL INFORMATION
REGISTRATION PROCESSING METHOD IN DIGITAL BROADCASTING
RECEIVER**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents

ADDRESS

TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (18 pages) (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 7	b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) ii. <input type="checkbox"/> Paper
5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2	c. <input type="checkbox"/> Statements verifying identity of above copies
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (For continuation/divisional with Box 17 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
I <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application	11. <input type="checkbox"/> English Translation Document (if Available)
6. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	13. <input type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Other:

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information

 Continuation Divisional Continuation-in-part (CIP)

of prior application No:

18. CORRESPONDENCE ADDRESS

23353

 Customer Number or Bar Code Label

or

Correspondence address below

(Insert Customer No. or Attach bar code label
here)NAME David T. Nikaido
RADER, FISHMAN & GRAUER, PLLCADDRESS 1233 20th Street, NW, Suite 501,

CITY Washington

STATE DC

ZIP CODE 20036

COUNTRY United States of America

PHONE (202) 955-3750

FAX (202) 955-3751

Name (Print/type) David T. Nikaido

Registration No. 22,663

Signature

Date January 14, 2002

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SBO/09-12.

TOTAL AMOUNT OF PAYMENT (\$ 780.00)

Complete if Known

Application No.	Unassigned
Filing Date	January 14, 2002
First Named Inventor	Toru SHIBUSAWA
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	KAY-0201

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 18-0013
 Deposit Account Name Rader, Fishman and Grauer PLLC

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	740
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$ 740)

2. EXTRA CLAIM FEES

		Extra	Fee from below	Fee Paid
Total Claims	10	-20=	0	X 18 = 0
Independent Claims	2	- 3 =	0	X 84 = 0
Multiple Dependent				

**or number previously paid, if greater; For Reissues, see below.

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$0.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

SUBMITTED BY

Typed or Printed Name David T. Nikaido

Complete (if applicable)

Reg. No. 22,663

Signature  Date January 14, 2002 Deposit Account User ID 18-0013

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit